

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 6
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee		FEC IDENTIFICATION NUMBER ▼ C C00527226	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2016	

Full Name of Payee Planned Parenthood Advocacy Project Los Angeles County		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 22 / 2016	
Mailing Address 400 West 30th Street		Amount 197.04	
City Los Angeles	State CA	Zip Code 90007	Transaction ID : EDT.E.45
Purpose of Expenditure Staff Time & Food for Phonebanking; 8/22 - 8/31		Category/ Type 24E	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 22 / 2016
Name of Federal Candidate Masto, Catherine Cortez, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		4604.57	

Full Name of Payee Planned Parenthood Advocacy Project Los Angeles County		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 22 / 2016	
Mailing Address 400 West 30th Street		Amount 124.45	
City Los Angeles	State CA	Zip Code 90007	Transaction ID : EDT.E.46
Purpose of Expenditure Staff Time & Food for Phonebanking; 8/22 - 8/31		Category/ Type 24A	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 22 / 2016
Name of Federal Candidate Heck, Joe, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		4604.57	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	321.49
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Parise, Joanne, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2016

Signature